

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE  
FAIR POLITICAL  
PRACTICES COMMISSION

MAR 16 2011

CITY CLERK  
CITY OF RANCHO CUCAMONGA

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(MIDDLE)

SPAGNOLLO

SAM

1. Office, Agency, or Court

Agency Name

RANCHO CUCAMONGA CITY

Division, Board, Department, District, if applicable

Your Position

MAYOR PRO TEM

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of RANCHO CUCAMONGA

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is \_\_\_\_\_, through December 31, 2010.

☐ Assuming Office: Date \_\_\_\_\_

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_

Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. V

herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that th

Date Signed

MARCH 14, 2010  
(month, day, year)

Signature

**SCHEDULE D**  
**Income – Gifts**

Name

SAM SPAGNOLO

▶ NAME OF SOURCE

FRONTIER PROJECT  
ADDRESS (Business Address Acceptable) R.I.C.

10435 ASHFORD STREET

BUSINESS ACTIVITY, IF ANY, OF SOURCE

NON PROFIT

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10/16/10 \$45.39 GREEN TEE GOLF

        \$       

        \$       

▶ NAME OF SOURCE

SCE

ADDRESS (Business Address Acceptable)

1351 E FRANKS ONTARIO

BUSINESS ACTIVITY, IF ANY, OF SOURCE

UTILITY AGENCY BIG CREEK

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1/27/10 \$400 BIG CREEK TOUR

        \$       

        \$       

▶ NAME OF SOURCE

GARY ANDERSON GOLF CLASSIC

ADDRESS (Business Address Acceptable)

825 E 165TH AVENUE S.B.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CHILDRENS FUND

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

6/15/10 \$20.00 GOLF

        \$       

        \$       

▶ NAME OF SOURCE

NAIOP ANNUAL GOLF TOURNAMENT

ADDRESS (Business Address Acceptable)

INDUSTRY HILLS, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BUSINESS

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

4/22/10 \$70.00 GOLF

        \$       

        \$       

▶ NAME OF SOURCE

COUNTY OF SAN BERNARDINO

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

GOLF

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

3/25/10 \$55 ONE SHOT VISION

        \$       

        \$       

▶ NAME OF SOURCE

CHAMBER OF COMMERCE RANCHO CUCAMONGA

ADDRESS (Business Address Acceptable)

16600 CLUBHOUSE DRIVE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BUSINESS

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

5/4/10 \$63.00 GOLF

        \$       

        \$       

Comments:

**SCHEDULE D**  
**Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>SAM SPAGNOLO</u>
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▶ NAME OF SOURCE  
BURTELL / OPACC FUND RAISER  
 ADDRESS (Business Address Acceptable)  
FONTANA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
TRASH ABULON  
 DATE (mm/dd/yy)    VALUE    DESCRIPTION OF GIFT(S)  
9/27/10    \$7000    GOLF TOURNEY  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE  
99 RANCH MARKET  
 ADDRESS (Business Address Acceptable)  
9800 BASELINE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
GROCERY MARKET  
 DATE (mm/dd/yy)    VALUE    DESCRIPTION OF GIFT(S)  
11/12/10    \$200    GIFT CARD  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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 DATE (mm/dd/yy)    VALUE    DESCRIPTION OF GIFT(S)  
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Comments: \_\_\_\_\_